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CONFIRMATION NO. 7585

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/815,384	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 1177-11CIP11 (24149-10CIP
<b>APPLICANTS</b> Eilaz Babaev, Minnetonka, MN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/409,272 04/07/2003 which is a CIP of 09/669,312 01/12/2001 PAT 6,569,099 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 28120				
<b>TITLE</b> Ultrasonic method and device for wound treatment				
<b>FILING FEE RECEIVED</b> 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	